MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

916.0 0304

CERTIFICATE OF DEATH 180

Reg. Dist. No. 4-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton Refg. Line; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Caroline; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rd.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Lester	Allen	Anthony		Jan.	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		Nov. 21/47	yrs.	2			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Denton Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Maynard E Anthony	Doris Grimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
			Mary Anthony

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Suffocation	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Trapped in burning building	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
accident	Home	Denton	Caroline	Md

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☑	HOW DID INJURY OCCUR?
1 - 20 - 1949 8 m.		Trapped in burning building.

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dawson O. George	Deputy Medical Examiner	Denton Md	1/20/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan. 21 '49	Denton Grove Cemetery	Denton Md.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/20/49	Mrs D. O George	J. Virgil Moore & Son	Denton

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

916.0 / 180

0305

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton — LENGTH OF STAY (in this place) Lifetime	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton Rd.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Edward (Last) Anthony

4. DATE OF DEATH (Month) Jan. (Day) 20 (Year) 1949

5. SEX — 6. COLOR OR RACE W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S — 8. DATE OF BIRTH Nov. 21st 46 — 9. AGE last birthday 2 yrs. If under 1 year: Months 4, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) — 10b. KIND OF BUSINESS OR INDUSTRY — 11. BIRTHPLACE (State or foreign country) Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel E. Anthony — 14. MOTHER'S MAIDEN NAME Doris Glimes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT Miss Mary Anthony

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Suffocation — immediate

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Trapped in burning Building

(c) Burned to death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) accident — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home Farm — (CITY OR TOWN) Denton — (COUNTY) Caroline — (STATE) Md.

TIME OF INJURY (Month) 1 (Day) 20 (Year) 1949 (Hour) 8A m. — INJURY OCCURRED While at Work ☐ Not While At work ☒ — HOW DID INJURY OCCUR? Trapped in Burning building

22. I hereby certify that I attended the deceased from Dead when I saw him, 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE Dawson O George — (Degree or title) Deptg Medical Examiner — ADDRESS Denton — DATE SIGNED 1/20/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE Jan. 21st — NAME OF CEMETERY OR CREMATORY Pence Grove Cemetery — LOCATION (City, town, or county) Near Denton — (State) Md.

DATE REC'D BY LOCAL REG. 1/20/49 — REGISTRAR'S SIGNATURE Wm D O George — 24. FUNERAL DIRECTOR J. Virgil Moore & Son — ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 24 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH · COUNTY: Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely — LENGTH OF STAY (in this place): 60 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None	STREET ADDRESS (If rural give location): None

3. NAME OF DECEASED (Type or Print)	(First) Sally	(Middle) Katherine	(Last) Booker	4. DATE OF DEATH	(Month) 1	(Day) 30	(Year) 1949
5. SEX: F.	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed	8. DATE OF BIRTH: 8/28/1872	9. AGE last birthday: 76 yrs.	If under 1 year: Months 5	Days 2	If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME: Charles H. Dean	14. MOTHER'S MAIDEN NAME: Anna S. Paine						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: John W. Booker					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Myocarditis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1, 1948, to Jan. 30, 1949, that I last saw the deceased alive on Jan. 29, 1949 and that death occurred at 1 A.M., from the causes and on the date stated above.

SIGNATURE: Charles H. Stoneman (Degree or title) M.D. — ADDRESS: Greensboro Md — DATE SIGNED: Jan. 31, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/2/49	Greensboro	Greensboro, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/1/49	Mary E. Laird	J.E.Boulais	Greensboro, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 8 1949
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

351/83a

0307

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: West Denton
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Caroline

City or town: Denton
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME George Washington Bradley

3. (b) Social Security Number

4. Sex: M

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: widower

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): July 4th 1878

8. AGE: Years 70 | Months 6 | Days 2. | If less than one day ... hrs. ... min.

9. Birthplace: Secretary, Maryland
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER
12. Name: John Wesley Bradley
13. Birthplace: Md.

MOTHER
14. Maiden name: Maggie Hammer
15. Birthplace: Maryland

16. Informant: John Bradley

Address: Denton Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof 1-6-49 (month) (day) (year)

Cemetery or crematory: Denton Cemetery

Location: Denton Md.

18. Funeral director: J. Virgil Moore & Son

Address: Denton Md.

19. 1/5 1949 Mrs D O George
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 2 1949 at 5A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1940 to Jan 2 1949 and that I last saw him alive on Dec 20 1948

Immediate cause of death: arteriosclerosis — cerebral hemorrhage — and again

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION: 4 yr, 8 mo, 2 wks

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: S. Paul Mott MD
M. D. or other

Address: Denton Md. Date signed 1/4/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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JAN 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

331

0308

CERTIFICATE OF DEATH 839

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Federalsburg - Concord Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg - Rural
STREET ADDRESS (If rural, give location) Federalsburg - Concord Road

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) R. (Last) Brummel

4. DATE OF DEATH: (Month) January (Day) 28 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: November 3, 1882

9. AGE last birthday: 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.a.

13. FATHER'S NAME: Joseph Brummel

14. MOTHER'S MAIDEN NAME: Amanda Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Ella Brummel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	7 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 26, 1949, to Jan. 27, 1949, that I last saw the deceased alive on Jan 27, 1949, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. H. Small M.D. 507 Gay St. Denton, Md. Jan. 29. 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: January 31, 1949
NAME OF CEMETERY OR CREMATORY: Federal Hill Cemetery
LOCATION (City, town, or county) (State): Federalsburg, Maryland

DATE REC'D BY LOCAL REG.: January 31, 1949
REGISTRAR'S SIGNATURE: J. J. Frampton

24. FUNERAL DIRECTOR: J. J. Frampton & Son, ADDRESS: Federalsburg, Md.

RECEIVED
FEB 8 1949
BUREAU V. S.

0309

EVIDENCE FOR CHANGE OF AGE IS ON!
FILM # 9119 - 321-49

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

260/61 Reg. Dist. No. 162

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (in this place) 5 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Talbot.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Easton. Md.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Howard (Last) Coulby.
4. DATE OF DEATH (Month) Jan. (Day) 14th (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Jan. 7th 1872
9. AGE last birthday ~~76~~ 77 yrs. If under 1 year Months. Days 7 days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Coulby.
14. MOTHER'S MAIDEN NAME Mary Morris (England)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (~~Yes~~, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Mary H Coulby.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Endarteritis right leg - arteriosclerotic — 6 yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 7 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 8, 1945, to January 14 1949, that I last saw the deceased alive on Jan. 13, 1949, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE E Paul Thistle M.D. (Degree or title) ADDRESS Denton Md DATE SIGNED 1/17/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/17/49
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton Caroline (State) Md.

DATE REC'D BY LOCAL REG. 1/17/49
REGISTRAR'S SIGNATURE Wm D A Furge
24. FUNERAL DIRECTOR J. V. Moore & Son - ADDRESS Denton Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
JAN 24 1949
BUREAU F. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

762.0

CERTIFICATE OF DEATH

161a

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton — LENGTH OF STAY (in this place) 1 day	~~CITY~~ (If outside corporate limits, write RURAL and give nearest town) ~~OR~~ TOWN Denton
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): Clarence Theodore (First) ~~Baby~~ (Middle) Fisher (Last)

4. DATE OF DEATH (Month) Jan. (Day) 19 (Year) 1949

5. SEX: M

6. COLOR OR RACE: Col

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —

8. DATE OF BIRTH: Jan. 19th 49

9. AGE last birthday: — yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours 15 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Denton Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Fisher

14. MOTHER'S MAIDEN NAME: Virginia Standford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT: William Fisher (Father)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis — 4 hours

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congenital S

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-19-49 (born at 12:45 pm), 19..., to 1-19-, 1949, that I last saw the deceased alive on 1-19-49, 19..., and that death occurred at 4:30 pm from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Small, M.D. 507 Gay St. Denton Md. Jan. 19-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Jan. 20th 49 — NAME OF CEMETERY OR CREMATORY: Spring Grove Cemetery — LOCATION (City, town, or county): Denton (State): Md.

DATE REC'D BY LOCAL REG.: 1/20/49 — REGISTRAR'S SIGNATURE: Mrs D O George

24. FUNERAL DIRECTOR: J. Virgil Moore & Son — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 24 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0311

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CERTIFICATE OF DEATH

Reg. Dist. No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Caroline — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location) Second St.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Owen (Last) Keatts.

4. DATE OF DEATH: (Month) January (Day) 27 (Year) 1949

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 28th 92

9. AGE last birthday: 56 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer

10b. KIND OF BUSINESS OR INDUSTRY: Md. State Judge.

11. BIRTHPLACE (State or foreign country): Ridgeley, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis J Keatts

14. MOTHER'S MAIDEN NAME: Agnes Lilly Lynch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs Margret Keatts (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic lymphatic leukemia — Interval between onset and death: 8 mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 10-1948

19b. MAJOR FINDINGS OF OPERATION: Pathologist reported Lymphosarcoma or lymphatic leukemia

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Jan. 27, 1949, that I last saw the deceased alive on Jan 27, 1949, and that death occurred at 11:32 p m. from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul Keatts M D — ADDRESS: Denton Md — DATE SIGNED: Jan. 29-1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan. 31st '49 — NAME OF CEMETERY OR CREMATORY: Denton Cemetery — LOCATION (City, town, or county): Denton — (State): Md.

DATE REC'D BY LOCAL REG. 1/31/49 — REGISTRAR'S SIGNATURE: Wm O Jones

24. FUNERAL DIRECTOR: J. Virgil Moore & Son — ADDRESS:

RECEIVED
FEB 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0312

420.1
94a

CERTIFICATE OF DEATH

Reg. Dist. No. 66

1. PLACE OF DEATH
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
MARYLAND
LENGTH OF STAY (in this place): 39 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Maple Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural give location): Maple Avenue

3. NAME OF DECEASED (Type or Print): (First) Leander (Middle) Scott (Last) Matthews

4. DATE OF DEATH: (Month) 1 (Day) 25 (Year) 49

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: 2/13/1849

9. AGE last birthday: 99 yrs. If under 1 year: Months 11 Days 12 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Minister

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lyman Matthews

14. MOTHER'S MAIDEN NAME: Sallie Pratt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Ada Matthews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 2 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 23, 1949 to Jan 25, 1949, that I last saw the deceased alive on Jan 24, 1949, and that death occurred at 9 25 m., from the causes and on the date stated above.

SIGNATURE: Kurt Lederer (Degree or title) M.D. ADDRESS: Queen Anne Md DATE SIGNED: Jan. 26, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: 1/27/49 | NAME OF CEMETERY OR CREMATORY: Ridgely | LOCATION (City, town, or county) (State): Ridgely, Caroline, Md.

DATE REC'D BY LOCAL REG. 1-26-49 | REGISTRAR'S SIGNATURE: Mary E. Laird

24. FUNERAL DIRECTOR: R. B. Rawlings ADDRESS: Greensboro, Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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JAN 28 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

850.8 0313

CERTIFICATE OF DEATH

183 Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Fountain Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Denton
STREET ADDRESS (If rural, give location) Fountain Street

3. NAME OF DECEASED (Type or Print) (First) Sharles (Middle) Edward (Last) Mitchell Jr.

4. DATE OF DEATH (Month) 1 (Day) 15 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 8/21/1905

9. AGE last birthday 43 yrs. If under 1 year Months 4 Days 23 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Chas. Edward Mitchell Sr.

14. MOTHER'S MAIDEN NAME Laura Ann Porter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War 11

16. SOCIAL SECURITY NO. 218-24-3996

17. INFORMANT Laura Ann Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River (CITY OR TOWN) Denton (COUNTY) Caroline (STATE) Md.

TIME OF INJURY (Month) 1 (Day) 15 (Year) 1949 (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Fell in River from boat

22. I hereby certify that I attended the deceased from Dead when seen, 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE Dawson (Degree or title) Georgia Deputy Medical Examiner ADDRESS DATE SIGNED 2/21/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 2/22/49

NAME OF CEMETERY OR CREMATORY Denton

LOCATION (City, town, or county) (State) Denton, Maryland.

DATE REC'D BY LOCAL REG. 2/21/49

REGISTRAR'S SIGNATURE Jm D D Jenge

24. FUNERAL DIRECTOR R.B.Rawlings ADDRESS Greensboro, Md.

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FEB 25 1949
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

191 / 53

0314

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH: COUNTY Caroline MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henderson Rural
LENGTH OF STAY (in this place) 26 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henderson Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Roberts Sr.

4. DATE OF DEATH (Month) 1 (Day) 17 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1/15/1870
9. AGE last birthday 79 yrs. If under 1 year Months 0 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Caaczar Hungary
12. CITIZEN OF WHAT COUNTRY? Hungary

13. FATHER'S NAME Stephan Roberts
14. MOTHER'S MAIDEN NAME Eva Szabo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT Stephan Roberts

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Epithelioma of nose

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic nephritis & hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 7, 1949, to Jan. 17, 1949, that I last saw the deceased alive on Jan. 16, 1949, and that death occurred at 6:30 A. m., from the causes and on the date stated above.

SIGNATURE Charles H. Stoneseifer (Degree or title) M.D. ADDRESS Greensboro Maryland DATE SIGNED Jan. 19, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE 1/20/49
NAME OF CEMETERY OR CREMATORY Greensboro
LOCATION (City, town, or county) Greensboro, Md. (State)

DATE REC'D BY LOCAL REG. 1/19/49
REGISTRAR'S SIGNATURE A Clark Smith
24. FUNERAL DIRECTOR R.B. Rawlings ADDRESS Greensboro, Md.

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JAN 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

151
46 b

0315

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Smithville Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Federalsburg - Rural
STREET ADDRESS (If rural, give location): Smithville Road

3. NAME OF DECEASED (Type or Print): (First) George (Middle) W. (Last) Ross

4. DATE OF DEATH: (Month) January (Day) 30 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: August 10, 1885

9. AGE last birthday: 63 yrs. If under 1 year: Months. If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: John Ross

14. MOTHER'S MAIDEN NAME: Sarah Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs. Mattie V. Ross

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Carcinoma of the Stomach — Interval Between Onset and Death: 9

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Postoperative adhesions

(c): Coma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 14, 1948, to Jan. 31, 1949, that I last saw the deceased alive on Jan. 31, 1949 and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Maynard T. Walker, M.D. ADDRESS: Easton, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: February 2, 1949 — NAME OF CEMETERY OR CREMATORY: St. Paul Cemetery — LOCATION (City, town, or county) (State): Near Concord, Maryland

DATE REC'D BY LOCAL REG.: February 2, 1949 — REGISTRAR'S SIGNATURE: J. J. Frampton

24. FUNERAL DIRECTOR ADDRESS: J. J. Frampton and Son, Federalsburg, Md.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

422.1
93d

0316

CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Caroline — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro
LENGTH OF STAY (in this place): 80 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: None

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Greensboro
STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print): (First) Cora (Middle) Cahall (Last) Russell

4. DATE OF DEATH: (Month) 1 (Day) 31 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7/15/1866

9. AGE last birthday: 82 yrs. — If under 1 year: Months 6 Days 16 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Delaware

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Nathenal H. Horsey

14. MOTHER'S MAIDEN NAME: Mary E. Quillen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Nellie M. Russell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Nephritis & Uremia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Hemorrhage

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE: Elmer H Horsey (Degree or title) M D — ADDRESS: Greensboro Md — DATE SIGNED: Feb 3 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/3/49 — NAME OF CEMETERY OR CREMATORY: Greensboro — LOCATION (City, town, or county) (State): Greensboro, Maryland.

DATE REC'D BY LOCAL REG.: Feb 3-1949 — REGISTRAR'S SIGNATURE: L. Mac Pippin

24. FUNERAL DIRECTOR: J.E. Boulais — ADDRESS: Greensboro, Md.

RECEIVED
FEB 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 181

CERTIFICATE OF DEATH 528

0317

Reg. Dist. No. 16

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
LENGTH OF STAY (in this place): 81 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgely
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Irwin	T.	Saulsbury	1	15	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	8/ 14/1863	85 yrs.	5	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Canner	Denton, Maryland.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Kean	Emely Gullett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	212-16-7082	A.O.Saulsbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Carcinoma Bladder with Metastasis	1935 (13 yrs)
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 22, 1948, to Jan 15, 1949, that I last saw the deceased alive on Jan 14, 1949, and that death occurred at 7:50 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
Paul Wurth M.D.		Denton	Md	1/15/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/17/49	Greensboro	Greensboro	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-17-49	Mary E. Laird	R.B.Rawlings	Greensboro, Md.

VS. A15

RECEIVED
JAN 19 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0318

EVIDENCE FOR ADDITION IN #21
FILM # G119 4-7-49 A

CERTIFICATE OF DEATH

151
46 b

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline

City or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 mos.

Hospital, institution, or street address where death occurred: Stewards Convalescent Home.

How long in hospital or institution? 6 mos.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Dorchester

City or town Hurlock
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war ✓

3.(a) FULL NAME Charles Sheridan

3.(b) Social Security Number

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife —

B.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) March 4 1850

8. AGE: Years 98 | Months 10 | Days 26 | If less than one day ..... hrs. ..... min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name James Sheridan
13. Birthplace Maryland

MOTHER
14. Maiden name Don't Know
15. Birthplace Maryland

16. Informant James Smith
Address Hurlock, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 2/1/49 (month) (day) (year)

Cemetery ~~or crematory~~ Cemetery

Location Hurlock, Md.

18. Funeral director F. B. Willoughby
Address Hurlock

19. Jan 31 1949
(Date rec'd by registrar)
L. McLeggin
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan 30 1949, at 9 20 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 30 1948, to Jan 30 1949 and that I last saw him alive on Jan 29 1949

Immediate cause of death Peptic Ulcer
c. malignancy

Due to Cancer of stomach (4/7/49 as.)

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Stewart M.D. or other

Address Greensboro, Md. Date signed Jan 30 49

VS A15 (I) MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 1 1949
BUREAU V. S.

0319

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

420.1
94a

Reg. Dist. No. 62

1. PLACE OF DEATH:

County Caroline

City or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Near Hillsboro

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Caroline

City or town Denton - Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Near Hillsboro
(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Charles J. Thomas

3. (b) Social Security Number 216-14-2568

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife Lillie Thomas

6.(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) July 20, 1887

8. AGE:

Years	Months	Days	If less than one day
61	5	13	hrs. min.

9. Birthplace Caroline County, Maryland
(Town, county, and state)

10. Usual occupation Day Laborer

11. Industry or business Factory and Farm

FATHER
12. Name William Thomas
13. Birthplace Caroline County, Maryland

MOTHER
14. Maiden name Amelia Matthews
15. Birthplace Caroline County, Maryland

16. Informant Mrs. Lillie Thomas

Address Denton, Maryland, R.F.D. #3

17. Burial (Burial, cremation, or removal. Which?) Date thereof January 6, 1949 (month) (day) (year)

Cemetery or crematory Sandtown Cemetery

Location Near Hillsboro, Maryland

18. Funeral director J. J. Frampton and Son

Address Federalsburg, Maryland

19. 1/3 1949 (Date rec'd by registrar) Mrs. E. D. George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH January 3 1949, at 5:15 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19 ..... to ..... 19 .....

and that I last saw h ..... alive on ..... 19 .....

Immediate cause of death	DURATION
Coronary Occlusion	Sudden
Due to	
Due to Arthritis	6 mos
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE Dawson D. George M. D. or other

Address Deputy Medical Examiner Denton Md Date signed 1/3/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 10 1949
BUREAU V. S.

0320

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore 174

CERTIFICATE OF DEATH 48 b

Reg. Dist. No. 64

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH COUNTY Caroline MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg LENGTH OF STAY (in this place) 6 years HOSPITAL OR INSTITUTION OR STREET ADDRESS Academy Avenue	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Caroline CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Federalsburg STREET ADDRESS (If rural, give location) Academy Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Susie	H.	Turner	January	20	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days.	If under 24 hrs.: Hours. Min.
Female	White	Widowed	June 12, 1891	57 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housework	Home	Preston, Maryland, R.F.D.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James S. Cox	Sarah W. Dillon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	—	213-22-8648	Clayton L. Turner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) General Metastis of Carcenoma.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Adeno Carcinoma Uterus. — Apr 1948

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General Anemia.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan 10 1948	Adeno Carcinoma. Uterus, involving Bladder etc	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
		Federalsburg	Md	Caroline

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 6/3/, 1948, to 1-20, 1949, that I last saw the deceased alive on 1-19, 1949, and that death occurred at 7:50 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. E. Lemmon	M.D	Federalsburg, Md. Caroline Co	1/21/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	January 23, 1949	Hill Crest Cemetery	Federalsburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
January 22, 1949	J. J. Trampton	J. J. Trampton and Son	Federalsburg, Md.

RECEIVED
JAN 31 1949
BUREAU Y. S.

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JAN 31 1949
BUREAU Y. S.

CHANGE OF AGE SHOWN:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

0321

FILM No. G 118 JAN 19 1949

420.1 / 61

CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH:

County: Caroline

City or town: Denton Md.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 15 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Caroline

City or town: Denton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Kara Alice Vanscoy

3. (b) Social Security Number

4. Sex: F

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: widow

6.(b) Name of husband or wife: Norman Vanscoy Dec'd.

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): January 30th 1875

8. AGE: Years 73 ~~74~~ Months 11 Days 3 If less than one day ... hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: House wife

11. Industry or business

FATHER

12. Name: Daniel Hable

13. Birthplace: Maryland

MOTHER

14. Maiden name: Martha Eaton

15. Birthplace: Maryland

16. Informant: Alex. Hable (Brother)

Address: Denton, Md.

17. Burial (Burial, cremation, or removal, which?) Date thereof 1-5-49 (month) (day) (year)

Cemetery or crematory: Concord Cemetery

Location: Concord, Md.

18. Funeral director: J. Virgil Moore & Son

Address: Denton, Md.

19. 1-5 1949 (Date rec'd by registrar) Wm D O George Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 2 1949 at 1:40 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 6 1941, to Jan. 2 1949 and that I last saw her alive on ... 19

Immediate cause of death	DURATION
Coronary occlusion	an hour
Due to	
Due to	
Other conditions: Diabetes mellitus	8 years

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ... Injured at work?

23. SIGNATURE: E. Paul Smith MD M. D. or other

Address: Denton Md Date signed 1/4/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

RECEIVED
JAN 10 1949
BUREAU V. S.